

**Application Data Sheet**

**Application Information**

Application Type::	National Phase
Subject Matter::	Utility
Suggested Classification::	424/400
Suggested Group Art Unit::	1615
CD-ROM or CD-R?::	None
Number of CD disks::	None
Number of copies of CDs::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	None
Title::	FORM OF ADMINISTRATION FOR CONTROLLING PRIMARY HEADACHES
Attorney Docket Number::	512100-2058
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	1
Small Entity::	No
Petition included?::	No
Petition Type::	None
Licensed US Govt. Agency::	No
Contract or Grant Numbers::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information (repeat as needed)**

Applicant Authority type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Rasoul
Middle Name::	Sedaghat

Family Name:: Kerdar  
Name Suffix::  
City of Residence:: Aachen  
State or Province of Residence::  
Country of Residence:: Germany  
Street of mailing address:: Apolloniastrasse 73  
City of mailing address:: Aachen  
State or Province of mailing address::  
Postal or Zip Code of mailing address:: D-56626

**Applicant Information (repeat as needed)**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: Spain  
Status:: Full Capacity  
Given Name:: Maria  
Middle Name:: Cristina  
Family Name:: Vázquez Lantes  
Name Suffix::  
City of Residence:: Koeln  
State or Province of Residence::  
Country of Residence:: Germany  
Street of mailing address:: Amsterdammer Strasse 91  
City of mailing address:: Koeln  
State or Province of mailing address::  
Postal or Zip Code of mailing address:: D-50735

**Correspondence Information**

Correspondence Customer Number:: 20999

**Representative Information (add names as necessary)**

Representative Customer Number:	20999
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage	PCT/EP2004/014148	12/13/2004

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Germany	10358749	12/12/2003	Yes

**Assignee Information**

Assignee Name:: LTS Lohmann Therapie-Systeme AG  
Street of mailing address::  
City of mailing address:: Andernach  
State or Province of mailing address::  
Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: 56626